

Underwritten By: National Union Fire Insurance Company of Pittsburgh, Pa.

ADDENDUM-(CAP)

Name of Participating Organization:		Hidalgo County	
100 E. Cano	Edinburg	TX	78539
Address	City	State	Zip Code
Classification of Eligible Persons: Any enrolled member of the participating organization, including coaches, trainers, managers, and group leaders is eligible.			
PLAN: <input type="checkbox"/> PRIMARY EXCESS OVER \$ _____ <input type="checkbox"/> FULL EXCESS <input checked="" type="checkbox"/> PRIMARY			
Accident Medical Expense:		Accidental Death Benefit: <u>\$5,000</u>	
Maximum Benefit Amount (per Injury): <u>\$10,000</u>		Accidental Dismemberment Benefit:	
Deductible Amount (per Injury): <u>\$500.00</u>		Principal Sum: <u>\$10,000</u>	
Benefit Period: <u>1</u> Years			

Effective Date: <u>6/5/10</u>	Reference Number: _____
(This space for Administrative Use Only)	
Termination Date: <u>6/5/11</u>	Policy Number: _____

Domestic Only (International activities are not covered unless specifically listed and applicable premium charged.)
 Please Note: Coverage is not extended to include bungee jumping, rock climbing, or cliff-diving. Coverage may be extended to include out of country mission/international trips, ski trips, and skateboarding events for an additional premium.

Activity	Age Group	Number of Members	Group Premium
Volunteers (Mainly Clerks, Aides, etc)	16-70	50	\$3.35/person

Note: The total premium must be submitted with this Addendum Total Premium: \$ 788.00 MP

SPECIAL NOTES: SUBJECT TO A \$788.00 MINIMUM PREMIUM

We hereby request from the Company, a Blanket Accident Insurance Policy. We understand that insurance will be in force as of the effective date indicated above, if this Addendum is accepted by the Company and the required premium is received by the Company when due. We acknowledge that we have read, understood, and agreed to the terms and conditions of coverage as detailed in this document.

Official's Name: Valde Guerra Title: Executive Director Telephone: 956-292-7025
(please print)

Signature: _____ Date of Request: _____

<p align="center">The Maksin Group Two Aquarium Drive, Suite 200 Camden, NJ 08103 (800) 375-6826 Fax: (856) 858-1121 www.maksin.com</p> <p><input type="checkbox"/> Please check box to be included on our electronic e-mailing list</p>	<p>Agency Name: <u>Montalvo Insurance Agency</u> Tax I.D. or SSN: <u>74-2143288</u> Address: <u>208 S. Texas Blvd.</u> City: <u>Weslaco</u> State: <u>TX</u> Zip: <u>78596</u> Telephone: <u>956-968-5521</u> Signature (Licensed Agent): _____ Print Name: <u>Ramon Montalvo, III</u> E-mail: <u>ramon@montalvoinsurance.com</u></p>
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AA _____ AC _____ P _____ BP _____ N _____ R XX CC _____

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